Annual EEO Program Status Report

Management Directive – 715

Office of Equal Opportunity and Diversity Management National Institutes of Health Department of Health and Human Services

October 1, 2004 to September 30, 2005









Annual EEO Program Status Report Management Directive - 715 Office of Equal Opportunity and Diversity Management National Institutes of Health Department of Health and Human Services October 1, 2004 to September 30, 2005

TABLE OF CONTENTS

Agency Identifying Infor	mation (Part A-D)
Organization Chart	Part 2
EEO Policy Statement	Part 3
Executive Summary (Par	t E)
Certification of Establish	ment of Continuing EEO Programs (Part F)
EEO Plan to Attain the E	ssential Elements of a Model EEO Program (Part H)
EEO Plan to Eliminate Io	lentified Barrier (Part I)
	Recruitment, Hiring, and Advancement of Individuals with lities (Part J)
B. Copies of the formal translet in the state of the formal translet in the state of the state o	NIH Total Workforce – Distribution by Race/Ethnicity and Sex NIH Totals Workforce by Component - Distribution by Race/Ethnicity and Sex Occupational Categories – Distribution by Race/Ethnicity and Sex Participation Rates across General Schedule (GS) Grades by Race/Ethnicity and Sex Participation Rates across Wage (WG) Grades by Race/Ethnicity and Sex Rates Across Wage (WG) Grades by Race/Ethnicity and Sex Participation Rates for Major Occupations - Distribution by Race/Ethnicity and Sex Participation Rates for Major Occupations - Distribution by Race/Ethnicity and Sex Participation Rates for Major Occupations - Distribution by Race/Ethnicity and Sex Participation Rates for Major Occupations - Distribution by Race/Ethnicity and Sex Participation Rates for Major Occupations - Distribution by Race/Ethnicity and Sex New Hires – Distribution by Race/Ethnicity and Sex Employee Recognition and Awards - Distribution by Race/Ethnicity and Sex Separations by Type of Separation - Distribution by Race/Ethnicity and Sex Total Workforce – Distribution by Disability (OPM Form 256 Self-ID Codes) Occupational Groups – Total Workforce – Distribution by Disability (OPM Form 256 Self-ID Codes) Participation Rates across General Schedule (GS) Grades by Disability Participation Rates for Major Occupations - Distribution by Disability (OPM Form 256 Self-ID Codes) Participation Rates for Major Occupations - Distribution by Disability (OPM Form 256 Self-ID Codes) New Hires - Distribution by Disability (OPM Form 256 Self-ID Codes) Employee Recognition and Awards – Distribution by Disability (OPM Form 256 Self-ID Codes) Employee Recognition and Awards – Distribution by Disability (OPM Form 256 Self-ID Codes)

EEOC FORM 715-01 PART A - D U.S. Equal Employment Opportunity Commission

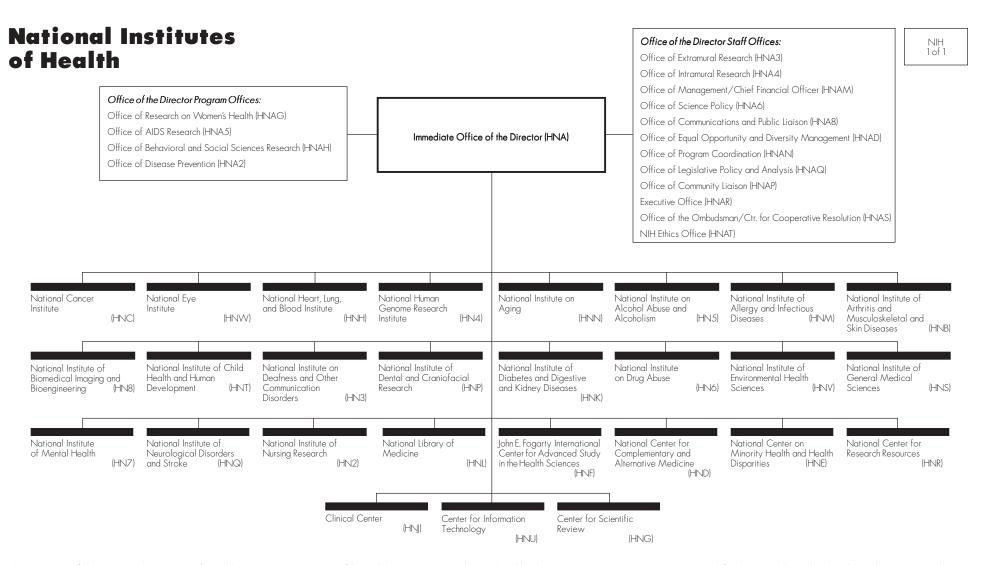
FEDERAL AGENCY ANNUAL EEO PROGRAM STATUS REPORT

For period covering October 1, 2004, to September 30, 2005.

	For period covering October 1, 2004, to September 30, 2005.				
PART A	1. Agency		Department of I Se2163818rvices	Health and Human	
Department or Agency Identifying Information	1.a. 2 nd level reporting component		National Institu	utes of Health	
mormation	1.b. 3 rd level recomponent	porting	NA		
	1.c. 4 th level re component	porting	NA		
	2. Address		2. 1 Center Drive		
	3. City, State,	Zip Code	3. Bethesda, Maryl	and 20892	
	4. CPDF Code	5 . FIPS code(s)	4. 240130031	5. 24	
PART B	Enter total number of permanent full-time and part-time employees 1. 12,650				1. 12,650
Total Employment	Enter total number of temporary employees 2. 4,078				2. 4,078
	3. Enter total number employees paid from non-appropriated funds 3. 0				3. 0
	4. TOTAL EMPLOYMENT [add lines B 1 through 3] 4. 16,				4. 16,728
PART C	Head of Agency Official Title		1. Director, Nationa	al Institutes of Health	1
Agency Official(s) Responsible	Agency Head Designee 2. NA				
For Oversight of EEO Program(s)	3. Principal EEO Director/Official Official Title/series/grade 3. Director, Office of Equal Opportunity and Diversity Management (OEOD), ES-0340				
	4. Title VII Affirmative EEO Program Official 4. Director, Division IC Services, OEODM				1
	5. Section 501 Affirmative Action Program Official		5. Disability Progra	ım Manager, OEODM	
	· • • • • • • • • • • • • • • • • • • •		6. Director, Division Resolution, OEODM	on of Complaints Man	agement and
	7. Other Responsible EEO Staff				

PART D	Subordinate Component and Location (City/State)	CPDF and FIPS codes
List of Subordinate Components Covered in This Report	Office of the Director, Bethesda, MD	
	National Cancer Institute, Bethesda, MD	
	National Eye Institute, Bethesda, MD	
	National Heart, Lung, and Blood Institute, Bethesda, MD	
	National Human Genome Research Institute, Bethesda, MD	
	National Institute on Aging, Bethesda, MD	
	National Institute on Alcohol Abuse and Alcoholism, Bethesda, MD	
	National Institute of Allergy and Infectious Diseases, Bethesda, MD	
	National Institute of Arthritis and Musculoskeletal and Skin Diseases, Bethesda, MD	
	National Institute of Biomedical Imaging and Bioengineering, Bethesda, MD	
	National Institute of Child Health and Human Development, Bethesda, MD	
	National Institute on Deafness and Other Communication Disorders, Bethesda, MD	
	National Institute of Dental and Craniofacial Research, Bethesda, MD	
	National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD	
	National Institute on Drug Abuse, Bethesda, MD	
	National Institute of Environmental Health Sciences, Bethesda, MD	
	National Institute of General Medical Sciences, Bethesda, MD	
	National Institute of Mental Health, Bethesda, MD	
	National Institute of Neurological Disorders and Stroke, Bethesda, MD	
	National Institute of Nursing Research, Bethesda,	

	MD				
	National Library of Medicine, Bethesda, MD				
	Center for Information Technology, Bethesda, MD				
	Cente	er fo	or Scientific Review, Bethesda, MD		
	John I	E. F	Fogarty International Center, Bethesda, MD		
			Center for Complementary and Alternative , Bethesda, MD		
			Center on Minority Health and Health es, Bethesda, MD		
	Natior MD	nal	Center for Research Resources, Bethesda,		
	NIH C	Clini	ical Center, Bethesda, MD		
EEOC FORMS and Documents Included	With TI	his	Report	<u>'</u>	
*Executive Summary [FORM 715-01 PART E], that includes:		х	*Optional Annual Self-Assessment Checklist Essential Elements [FORM 715-01PART G]	Against	
Brief paragraph describing the agency's mission and mission-related functions		х	*EEO Plan To Attain the Essential Elements of EEO Program [FORM 715-01PART H] for each programmatic essential element requiring im	h	X
Summary of results of agency's annual self-assessment against MD-715 "Essential Elements"		x	*EEO Plan To Eliminate Identified Barrier [FORM 715-01 PART I] for each identified ba	rrier	Х
Summary of Analysis of Work Force Profiles including net change analysis and comparison to RCLF		Х	*Special Program Plan for the Recruitment, I Advancement of Individuals With Targeted D agencies with 1,000 or more employees [FO PART J]	isabilities for	X
Summary of EEO Plan objectives planned to eliminate identified barriers or correct program deficiencies		(*Copy of Workforce Data Tables as necessar Executive Summary and/or EEO Plans	y to support	X
Summary of EEO Plan action items implemented or accomplished		х	*Copy of data from 462 Report as necessary action items related to Complaint Processing deficiencies, ADR effectiveness, or other com- issues.	Program	
*Statement of Establishment of Continuing Equal Employment Opportunity Programs [FORM 715-01 PART F]		(*Copy of Facility Accessability Survey results necessary to support EEO Action Plan for bui renovation projects		
*Copies of relevant EEO Policy Statement(s) and/or excerpts from revisions made to EEO Policy Statements		(*Organizational Chart		X



The Mission of the National Institutes of Health is science in pursuit of knowledge to improve human health. This means pursuing science to expand fundamental knowledge about the nature and behavior of living systems; to apply that knowledge to extend the health of human lives; and to reduce the burdens resulting from disease and disability.

The National Institutes of Health seeks to accomplish its mission by:

- Fostering fundamental discoveries, innovative research, and their applications in order to advance the Nation's capacity to protect and improve health;
- Developing, maintaining, and renewing the human and physical resources that are vital to ensure the Nation's capability to prevent disease, improve health, and enhance quality of life;
- Expanding the knowledge base in biomedical, behavioral, and associated sciences order to enhance America's economic well-being and ensure a continued high return on the public investment in research; and
- Exemplifying and promoting the highest level of scientific integrity, public accountability, and social responsibility in the conduct of science.



MAR 2 1 2006

National Institutes of Health Bethesda, Maryland 20892 www.nin.gov

TO:

NIH Employees

FROM:

Director, NIH

SUBJECT:

Policy on Equal Employment Opportunity and Diversity Management

The National Institutes of Health (NIH) is re-issuing the Policy Statement on Equal Employment Opportunity (EEO) and Diversity Management to reaffirm my commitment to achieving the goal of a discrimination-free work environment. This includes maintaining an atmosphere where employment opportunities are open to all candidates. EEO means that decisions are made on the basis of merit, without regard to race, color, religion, national origin, sex, age, sexual orientation (through the Department of Health and Human Service's [DHHS] Policy on Sexual Orientation), disability, or reprisal for engaging in a prior protected activity. It is critical that the NIH, as a premier biomedical research institution, continue to uphold its reputation for excellence by recruiting, training, and retaining employees from all backgrounds who are committed to working together to reach our common goal of better health for everyone.

As an agency within DHHS, the NIH will continue to develop and implement essential elements of a model EEO program, as defined by the Equal Employment Opportunity Commission (EEOC) Management Directive-715 (MD-715). These elements are: demonstrated commitment from agency leadership; integration of EEO into the agency's strategic mission; management and program accountability; proactive prevention of unlawful discrimination; efficiency; and responsiveness and legal compliance. The MD-715 process is designed to identify and eliminate barriers of full participation for minorities, women, and individuals with disabilities in the workforce.

In addition to our action items to eliminate employment barriers, we must make efforts to eliminate discrimination and harassment of any form at the NIH. Employees and applicants that believe they have been discriminated against may exercise their right to seek redress by contacting staff of the Office of Equal Opportunity and Diversity Management. No reprisal against an applicant or employee is permitted. Any manager or supervisor who discriminates or retaliates against an employee is subject to disciplinary action in accordance with the NIH Table of Penalties.

I am confident that the continued support of this policy throughout the NIH will demonstrate an inclusive and non-discriminatory work environment that complements our noble mission.

Elias A. Zerhouni, M.D.

U.S. Equal Employment Opportunity Commission

FEDERAL AGENCY ANNUAL EEO PROGRAM STATUS REPORT

DHHS, National Institutes of Health

For Period Covering October 1, 2004, to September 30, 2005.

EXECUTIVE SUMMARY

Agency's Mission and Mission Related Functions

The National Institutes of Health (NIH), a component of the U.S. Department of Health and Human Services (DHHS), is the primary Federal agency for conducting and supporting medical research. Helping to lead the way toward important medical discoveries that improve people's health and save lives, NIH scientists investigate ways to prevent disease as well as the causes, treatments, and even cures for common and rare diseases. NIH is the steward of medical and behavioral research for the Nation. Its mission in science involves the pursuit of fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to extend healthy life and reduce the burdens of illness and disability.

The goals of the agency are as follows:

- 1. Foster fundamental creative discoveries, innovative research strategies, and their applications as a basis to advance significantly the Nation's capacity to protect and improve health;
- 2. Develop, maintain, and renew scientific human and physical resources that will assure the Nation's capability to prevent disease;
- 3. Expand the knowledge base in medical and associated sciences in order to enhance the Nation's economic well-being and ensure a continued high return on the public investment in research; and
- 4. Exemplify and promote the highest level of scientific integrity, public accountability, and social responsibility in the conduct of science.

In realizing these goals, the NIH provides leadership and direction to programs designed to improve the health of the Nation by conducting and supporting research:

- in the causes, diagnosis, prevention, and cure of human diseases;
- in the processes of human growth and development;
- in the biological effects of environmental contaminants;
- in the understanding of mental, addictive and physical disorders; and
- in directing programs for the collection, dissemination, and exchange of information in medicine and health, including the development and support of medical libraries and the training of medical librarians and other health information specialists.

<u>Summary of Results of Analysis of Annual Self-Assessment Against MD-715 Essential</u> Elements

The NIH FY 2006 Annual Equal Employment Opportunity (EEO) Program Status Report has been prepared in accordance with Equal Employment Opportunity Commission (EEOC) Management Directive 715 (MD-715) requirements for inclusion into a consolidated DHHS report. This NIH MD-715 report is a compilation of the progress and effectiveness of the affirmative employment programs at NIH in support of the DHHS Affirmative Employment Program. It contains objectives and timetables designed to bring the level of participation of all employees into parity with relevant and available labor force indices.

Essential Element A: Demonstrated Commitment from Agency Leadership

The report addresses management support of the Affirmative Employment Program, activities for hiring, retaining and promoting minorities, women, and people with disabilities and the development of minority initiatives and activities. It includes a statistical analysis of the NIH workforce for FY 2005. The distribution of EEO groups within NIH mission-oriented/populous occupations compared to the relevant available labor force was also reviewed. The EEO groups analyzed included all permanent NIH employees regardless of position incumbency. Further, this plan summarizes the steps to be taken by the Office of Equal Opportunity and Diversity Management (OEODM) to address specific priority areas for the NIH.

Essential Element B: Integration of EEO into the Agency's Strategic Mission

EEO is recognized as an integral component of the NIH strategic mission. The OEODM assists the agency in addressing a lack of participation by members of minority groups, women and persons with disabilities, particularly in mission-critical occupations and leadership ranks and establishes a process to sustain a diverse workforce. The Director, OEODM has a clear and direct reporting line to the NIH Director. The current NIH EEO policy statement will be redistributed to the workforce in January 2006, reaffirming NIH as a workplace free of discrimination and harassment and committed to EEO. This policy as well as other EEO Program policy statement is posted on the OEODM website. www.oeodm.nih.gov.

Essential Element C: Management and Program Accountability

All NIH managers and supervisors, including EEO officials and human resource officials, are held accountable for the effective implementation and management of the agency's EEO and Diversity Management Program. An EEO critical element is included in their employee performance plans and accomplishments are reviewed annually.

Essential Element D: Proactive Prevention of Unlawful Discrimination

During FY 2005, 375 agency managers and supervisors attended *Review, Update on EEO Policies and Processing Laws*. This 1 day course was designed to provide refresher EEO Program training to those who had not taken EEO training during the last 2 year period and was designed to focus on the awareness and prevention of situations that cause complaints of discrimination to be filed. The training was given by a retired EEOC Administrative Law Judge, familiar with NIH and its discrimination complaint history.

Essential Element E: Efficiency

The Division of Complaints Management and Resolution (DCMR) of the OEODM, is responsible for managing all aspects of the EEO complaints process. The DCMR provides leadership, guidance and action for the NIH discrimination complaint process in compliance with the provisions of EEO laws/regulations. The Division is responsible for managing the precomplaint and formal complaints processing on employment related matters raised by current or former NIH employees and job applicants. The DCMR works to implement an efficient and fair dispute resolution process of equal opportunity and accessibility for users of programs and services operated or funded by the NIH.

Essential Element F: Responsiveness and Legal Compliance

The OEODM Division of Program Evaluation (DPE) is responsible for reviewing the NIH EEO and Diversity Management Program operations and assessing the level of compliance with all EEO statutory, regulatory and public requirements. Feedback obtained from a web-based online customer service questionnaire reflects favorable comments from OEODM customers. Follow-up is made with those that express any concern about services and actions are taken, if necessary, to improve them.

The NIH FY 2006 Annual Equal Employment Opportunity (EEO) Program Status Report identifies both EEO Program deficiencies and barriers to achieving a model EEO Program at the NIH, together with the planned actions necessary to address and remove them. Additionally, the document contains a number of agency-wide EEO Program related items that have been incorporated into the annual performance plans of senior NIH managers and supervisors. These performance based items specifically address the need to (1) reduce the less than expected representation of minorities, women and persons with disabilities in the workforce from current levels, (2) expand the area of consideration when vacancies are announced to encourage the receipt of applications from outside candidates for NIH vacancies and (3) make better use of agency- and Government-wide career development programs for current staff.

FY 2005 marks the transition year for implementation of the NIH EEO Program consolidation into one centralized organization, OEODM, which is now responsible for all agency-wide EEO and Diversity Management Program operations that were formerly performed by 27 separate operating EEO Offices located in the Institutes and Centers. The effects of the restructuring have provided increased efficiencies, more uniform application of EEO Program operations across IC lines, and more flexibility to focus on specific aspects of the EEO Program needing attention.

U.S. Equal Employment Opportunity Commission

FEDERAL AGENCY ANNUAL EEO PROGRAM STATUS REPORT

CERTIFICATION of ESTABLISHMENT of CONTINUING EQUAL EMPLOYMENT OPPORTUNITY PROGRAMS

Lawrence N. Self, Director, Office of Equal Opportunity and

am the

I,

	versity Management, ES-0340	
Principal EEO Director/Official for	National Institutes of Health, Department	of Health and Human Services
essential elements as prescribe standards of EEO MD-715, a fu	ennual self-assessment of Section 717 and S d by EEO MD-715. If an essential element of rther evaluation was conducted and, as app EEO Program, are included with this Federal	was not fully compliant with the propriate, EEO Plans for Attaining the
any management or personnel	ts work force profiles and conducted barrier policy, procedure or practice is operating to disability. EEO Plans to Eliminate Identified al EEO Program Status Report.	disadvantage any group based on
I certify that proper documentare quest.	ation of this assessment is in place and is be	eing maintained for EEOC review upon
Lawrence N. Self, Director OEO Signature of Principal EEO Dire		Date
EPO MD-715.	cy Alinda EEO Program Status Report is in	MAR 2 1 2006
Elias A. Zerhouni, M.D., Directo Signature of Agency Head or Ag		Date

U.S. Equal Employment Opportunity Commission

FEDERAL AGENCY ANNUAL EEO PROGRAM STATUS REPORT **EEO Plan To Attain the Essential Elements of a Model EEO Program**

FY 2005 National Institutes of Health			
STATEMENT OF MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:	EEO Policy Statement has not been reissued annually during the current Agency Head's tenure.		
OBJECTIVE:	To revise and reissue the EEO policy statem	ent currently in effect.	
RESPONSIBLE OFFICIAL:	Director, Office of Equal Opportunity and Div	versity Management (OEODM)	
DATE OBJECTIVE INITIATED:	November 19, 2004		
TARGET DATE FOR COMPLETION OF OBJECTIVE:			
PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE: TARGET DATE (Must be specific)			
Begin process for updating and reissuing the current EEO Policy Statement. Revised policy to cover MD-715 notice to all employees.			
The revised policy will be provided to Human Resources for inclusion in employee orientation package. January 2005			
Revised policy will be provided to Human Resources for inclusion into new supervisor orientation package. January 2005			
REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE			
 Completed. EEO Policy Statement revised and reissued January 2005. Policy Statement will be redistributed annually and included in new employee orientation package. 			

U.S. Equal Employment Opportunity Commission

FEDERAL AGENCY ANNUAL EEO PROGRAM STATUS REPORT EEO Plan To Attain the Essential Elements of a Model EEO Program

FY 2005 National Institutes of Health				
STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:	Agency decisions are not issued within 60-days of the request for the complainant			
OBJECTIVE:	For FADs issued by the NIH, the NIH will ens manner.	ure all FADs are issued in a timely		
RESPONSIBLE OFFICIAL:	Director, OEODM			
DATE OBJECTIVE INITIATED:	October 1, 2004			
TARGET DATE FOR COMPLETION OF OBJECTIVE:	September 30, 2005	September 30, 2005		
PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE: TARGET DATE (Must be specific)				
As a result of NIH EEO restructuring, sufficient staff has been assigned to ensure timeliness of agency decisions at the NIH level.		November 15, 2004		
Completed				
Developed in-house procedures to ensure FADs are issued in a timely manner at the NIH level. January 15, 2005				
Completed				
3. Utilized the complaint tracking automated system to ensure timely monitoring of requests for DHHS FADs. March 31, 2005				
Completed				
Provided NIH EEO staff necessary training on writing FADs. September 30, 2005				
Completed				

REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE ${\bf Completed}$

1. After completing the NIH EEO restructuring, the Division of Complaints Management and Resolution (DCMR) increased its staff from 5 employees to 10.

- 2. A FAD template was developed by the Department that is instrumental in expediting the issuing of NIH level FADs.
- The NIH complaint tracking system is able to provide reports that assist in tracking the status of FADs being issued by the Department.
 DCMR staff attended FAD writing training. DCMR staff also received training on the proper
- application of the various FAD templates developed by the Department.

 5. As a result of the completion of the above items, in instances when NIH has delegated authority to issue FADs, NIH is able to meet the 60 day timeframe requirement.

U.S. Equal Employment Opportunity Commission

FEDERAL AGENCY ANNUAL EEO PROGRAM STATUS REPORT EEO Plan To Attain the Essential Elements of a Model EEO Program

FY 2005 National Institutes of Health			
STATEMENT OF MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:	Management officials directly involved in disputes do not have delegated settlement authority.		
OBJECTIVE:	The agency will improve its resolution effort lowest level.	by encouraging resolutions at the	
RESPONSIBLE OFFICIAL:	Director, OEODM, Executive Officers, and ot	her Relevant NIH Officials	
DATE OBJECTIVE INITIATED:	October 1, 2004		
TARGET DATE FOR COMPLETION OF OBJECTIVE:	September 30, 2005		
PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE:		COMPLETED DATE (Must be specific)	
Established a working group to develop recommendations to the Director, OEODM regarding delegating authority to responsible management officials at the precomplaint stage. March 15, 2005			
Working group researched the agency's policies and procedures for delegation of such authority. June 15, 2005			
Working group made recommendations to the EEO Director. July 15, 2005			
Working group came to a consensus that the existing procedures are in fact practical for use. August 15, 2005			
Working group provided input to the DHHS SOP Committee who would incorporate the existing procedures into the SOP DHHS-wide.			

REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE Completed

1. A working group of Executive Officers, EEO staff, Employee Relations staff as well as staff of the Office of the Ombudsman (ADR provider) met to discuss settlement authority at NIH. The existing procedures at NIH for settling EEO cases at the pre-complaint stage provided that the RMO has settlement authority. At the formal stage, the Executive Officer is the authorized settlement authority. The working group agreed that because at the formal stage, settlement agreements can involve substantial monetary and other employment actions, settlement authority should be with the Executive Officer.

2. The existing process allows responsible management officials to settle informal disputes in the precomplaint stage; whereas in the formal stage, the IC Executive Officer is appointed to serve as the resolution official.

U.S. Equal Employment Opportunity Commission

FEDERAL AGENCY ANNUAL EEO PROGRAM STATUS REPORT EEO Plan To Attain the Essential Elements of a Model EEO Program

FY 2005 National Institutes of Health			
STATEMENT OF MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:	The lack of an operational applicant tracking system prevents an assessment to be made to determine if NIH vacancy announcements attract a diverse pool of qualified applicants and whether corrective actions are needed to sharpen the outreach and targeted recruitment process.		
OBJECTIVE:	Utilize the applicant tracking feature of Quick tool.	k-Hire, a web-based recruitment	
RESPONSIBLE OFFICIAL:	Director for Human Resources OEODM, IC Se Emphasis Program Managers and Chief, Outr		
DATE OBJECTIVE INITIATED:	N/A		
TARGET DATE FOR COMPLETION OF OBJECTIVE:	September 2006		
PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE: TARGET DATE (Must be specific)			
Advise OEODM when the applicant tracking feature of Quick-Hire becomes operational.			
OEODM IC Services IC EEO Specialists and Special Emphasis Program Managers will utilize the applicant tracking feature of Quick-Hire to monitor recruitment actions within the ICs and recommend corrective action as needed, based upon analysis of recruitment data. When Quick-Hire becomes operational.			
REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE			

U.S. Equal Employment Opportunity Commission

FEDERAL AGENCY ANNUAL EEO PROGRAM STATUS REPORT EEO Plan To Attain the Essential Elements of a Model EEO Program

FY 2005 National Institutes of Health			
STATEMENT OF MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:	OPM and OMB have modified RNO designations to be used for Affirmative Employment Program reporting. Consequently, the need exists to resurvey the workforce to improve the quality of the RNO designations, including disability status information, that are maintained on employees.		
OBJECTIVE:	Resurvey employees to improve the quality Program data.	of Affirmative Employment	
RESPONSIBLE OFFICIAL:	Director Office of Human Resources		
DATE OBJECTIVE INITIATED:	March 2006		
TARGET DATE FOR COMPLETION OF OBJECTIVE:	September 2006		
PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE: TARGET DATE (Must be specific)			
Request guidance from DHHS to initiate the process to resurvey NIH employees. March 2006			
Convene a trans-NIH workgroup to assist in the implementation of the resurvey of NIH employees, as necessary. Upon receipt of guidance from DHHS.			
REPORT OF ACCOMPLISHMENTS	and MODIFICATIONS TO OBJECTIVE		

U.S. Equal Employment Opportunity Commission

FEDERAL AGENCY ANNUAL EEO PROGRAM STATUS REPORT EEO Plan To Eliminate I dentified Barrier

FY <u>2005</u> [DHHS, National Institutes of Health]			
STATEMENT OF CONDITION THAT WAS A TRIGGER FOR A POTENTIAL BARRIER:			
Provide a brief narrative describing the condition at issue.	There is a low participation rate of Black tenure track and tenured scientists in Scientific positions.		
How was the condition recognized as a potential barrier?	This issue is supported by FY 2005 fourth quarter demographic data retrieved from Govnet.		
BARRIER ANALYSIS:	As reflected in Appendix A, the representation rate is low.		
Provide a description of the steps taken and data analyzed to determine cause of the condition.			
STATEMENT OF IDENTIFIED BARRIER:			
Provide a succinct statement of the agency policy, procedure or practice that has been determined to be the barrier of the undesired condition.	There is a need to develop objectives to increase the number of Blacks in Scientific positions and hold managers accountable in their performance evaluations through the EEO critical element.		
OBJECTIVE:	Adopt best practices to raise the low participation of Black scientists. Develop mentoring and career development support programs.		

State the alternative or revised agency policy, procedure or practice to be implemented to correct the undesired condition.	Review the search process to identify defects that affect the recruitment and selection process of Black scientists.
RESPONSIBLE OFFICIAL:	Black Employment Program Manager, Deputy Director, Division of Intramural Research and IC Scientific Directors, Director, OHR
DATE OBJECTIVE INITIATED:	November 9, 2004
TARGET DATE FOR COMPLETION OF OBJECTIVE:	The process to complete this objective will be ongoing. Identifiable changes are anticipated by January 2007.

EEO Plan To Eliminate Identified Barrier

PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE:	TARGET DATE (Must be specific)
Require EEO and diversity management objectives as a critical element of SES, managers and supervisors annual performance plans. Status: Completed. (FY 2005)	January 2005
Convene meeting of department leaders to adopt best practices targeting increasing the participation of Black Scientists, with the assistance of the Special Emphasis Program Manager for Black Employment. Status: Ongoing. (FY 2005)	January 2005
The Special Emphasis Program Manager for Black Employment will proactively involve NIH Leadership in identifying and contacting African-American colleagues interested in Sr. Scientific, Tenure and Tenure-Track research positions at the NIH. Status: Ongoing. (FY 2005)	February 2005
Hold discussion with HR to determine how to capture non-merit factors in exit interview survey. Develop an interview process to ascertain reasons why employees are leaving. Further action will follow to incorporate the exit	February 2007

interview questions to include scientists in the general existing NIH human resource survey. Schedule progress interviews with employees at mid-career and include an exit interview at the annual NIH Research Festival. Status: Ongoing. (FY 2005)	
Develop mentoring program that would continue the entire term of employee's appointment to assist in career development and aid in retention. Status: Ongoing. (FY 2005)	December 2007

REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE

- 1. The respective NIH officials have approved placement of the EEO critical element in the annual performance plans for SES, as well as, Code 2 managers and supervisors.
- 2. Re-established the NIH Black Employment Advisory Committee. The committee is comprised of NIH leaders, scientists and administrators. The committee's charge was to pursue the following activities: Review the scientific training trajectory through the continuum from research trainee to senior level tenured scientist; identify barriers that may impede the advancement, specifically the recruitment and retention of Blacks in science; identify strategies/remedies to increase the recruitment and retention of Blacks in scientific positions at the NIH; identify "best practices" that have shown successful outcome in industry, academia as well as the government to address the recruitment and retention of Blacks in science. Developed a strategic plan for the NIH Black Employment Program which incorporated recommendations from the NIH Black Employment Advisory Committee and other NIH employees to establish a year long plan of action to improve the recruitment and retention of Black scientists at the NIH. The plan, once approved by senior NIH officials, will be Implemented, in FY 2006 and 2007.
- 3. The Black Employment Program Manager continues to receive and circulate recruitment announcements regarding Sr. Scientific, Tenure and Tenure-Track research positions at the NIH. The Program Manager sends the job announcements to contacts within the scientific community including contacts at universities, colleges, medical and scientific organizations, as well as institutions and individuals.
 The Black Employment Program Manager secured new contacts through outreach and recruitment activities and has incorporated sending job announcements to the respective contacts.
- 4. A tentative template has been used to survey women scientists on careers in science, performance plans, and exit interviews. The NIH Office of Human Resources has been contacted to discern the appropriate approach for adding the proper survey questions for scientists to conduct the exit interview process as well. The survey will also include race and gender data as well.
- 5. The NIH Black Employment Advisory Committee recommended several mentoring initiatives to address the low level participation of Black scientists. Several recommendations were included in the proposed Black Employment strategic plan. When approved, the plan suggests to incorporate a mentoring initiative for post-doctoral research trainees, specifically Blacks to assist them in navigating through the myriad of existing mentoring and training programs supported by the NIH to ultimately elevate the candidate to senior level scientific positions. In addition, the plan suggests incorporate existing mentoring initiatives within the department to advance Black scientists to the senior scientific positions at the NIH.
- 6. Review of search committee process conducted by the OEODM and Diversity

Council was completed and recommendations (Search committee and selection committee should be two different bodies) advanced to implement changes to the process immediately. Objective modified to clarify mentoring and career development goals.

U.S. Equal Employment Opportunity Commission

FEDERAL AGENCY ANNUAL EEO PROGRAM STATUS REPORT EEO Plan To Eliminate I dentified Barrier

FY 2005 [DHHS, National Institutes of Health]	
STATEMENT OF CONDITION THAT WAS A TRIGGER FOR A POTENTIAL BARRIER:	
Provide a brief narrative describing the condition at issue.	There is a decline in the retention of Black males at all grade levels.
How was the condition recognized as a potential barrier?	A review of separation data (voluntary and involuntary) identified this as a potential barrier.
BARRIER ANALYSIS:	
Provide a description of the steps taken and data analyzed to determine cause of the condition.	Based on a review of Govnet fourth quarter FY 2005 separation data, a significant number of separations occurred among Black males as compared to other groups.
STATEMENT OF IDENTIFIED BARRIER:	
Provide a succinct statement of the agency policy, procedure or practice that has been determined to be the barrier of the undesired condition.	Involuntary separations occur at a significantly higher rate than other groups.

OBJECTIVE:	
State the alternative or revised agency policy, procedure or practice to be implemented to correct the undesired condition.	Develop action items to increase the retention rate of Black males.
RESPONSIBLE OFFICIAL:	Black Employment Program Manager, IC Directors and Other Relevant NIH Officials
DATE OBJECTIVE INITIATED:	January 17, 2005
TARGET DATE FOR COMPLETION OF OBJECTIVE:	The process to complete this objective will be ongoing. Results are anticipated by January 2006.

EEO Plan To Eliminate Identified Barrier

PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE:	TARGET DATE (Must be specific)
Require EEO and diversity management objectives as a critical element of SES, managers and supervisors annual performance plans. Status: Completed. (FY 2005)	January 2005
Convene a meeting of NIH leaders to develop best practices for the retention and career development of Blacks at all grade levels with the assistance of the Special Emphasis Program Manager for Black Employment. Status: Ongoing. (FY 2005)	January 2007
Develop or use existing career development support programs that would target career path opportunities from support positions to management positions.	January 2007
Status: Ongoing. (FY 2005)	

With the assistance of the Special Emphasis Program Manager for Black Employment, develop an exit interview that will identify the specific reasons for separations. Forward interview results to responsible official(s) to implement a plan of action to correct these issues.

December 2006

Status: Ongoing. (FY 2005)

REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE

- 1. The NIH officials have approved a critical element for inclusion into the annual performance plans of SES, managers and supervisors.
- 2. Re-established the NIH Black Employment Advisory Committee.
- 3. A strategic plan was created from discussions and recommendations from the Committee that incorporated remedies to advance career development and to incorporate existing mentoring initiatives for employees. Once the plan is approved, activities will be implemented during FY 2006 and FY 2007.
- 4. Currently working to incorporate the existing exit interview process for the NIH employees to address the Black employee retention issues. Once secured, will implement process.
- 5. This objective has been modified to indicate there is a decline in the representation of Black males.

U.S. Equal Employment Opportunity Commission

FEDERAL AGENCY ANNUAL EEO PROGRAM STATUS REPORT EEO Plan To Eliminate I dentified Barrier

FY 2005 [DHHS, National Institutes of Health]	
STATEMENT OF CONDITION THAT WAS A TRIGGER FOR A POTENTIAL BARRIER:	
Provide a brief narrative describing the condition at issue.	There is a low participation rate of women in the Senior Executive Service (SES).
How was the condition recognized as a potential barrier?	Based on a review of Govnet data (participation rate across General Schedule Grade) a low participation rate for women in SES positions was reflected.
BARRIER ANALYSIS:	
Provide a description of the steps taken and data analyzed to determine cause of the condition.	This issue is supported by FY 2005 fourth quarter data retrieved from Govnet. All distributed tables containing categories by race/ethnicity and sex.
STATEMENT OF IDENTIFIED BARRIER:	
Provide a succinct statement of the agency policy, procedure or practice that has been determined to be the barrier of the undesired condition.	Limited training opportunities and mentoring programs preparing women early in their careers for SES positions.
OBJECTIVE:	Develop a plan to increase the numbers of women in SES positions at NIH, implementing a recruitment plan which focuses on the feeder

State the alternative or revised agency policy, procedure or practice to be implemented to correct the undesired condition.	pool at the GS-14 and GS-15 levels.
RESPONSIBLE OFFICIAL:	Federal Women's Program Manager, IC Directors and Other Relevant NIH Officials
DATE OBJECTIVE INITIATED:	January 17, 2005
TARGET DATE FOR COMPLETION OF OBJECTIVE:	June 30, 2007

EEO Plan To Eliminate Identified Barrier

PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE:	TARGET DATE (Must be specific)
Require EEO and diversity management objectives as a critical element of SES, managers and supervisors annual performance plans. Status: Completed by responsible Officials listed.	January 2005
Incorporate objectives into performance evaluations/periodic activity reporting to agency head regarding recruiting, hiring and promotions of women quarterly. Status: Completed.	April 2005, July 2005, October 2005
Establish mentoring program for women in GS-14/15 grades levels with the assistance of the Federal Women's Program Manager. Status: Completed.	February 2006

REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE

- 1. The implementation of EEO and diversity management objectives as a critical element of SES, managers and supervisors annual performance plans were completed by the responsible officials.
- 2. During the 2005 Women's History Month, which was coordinated by the

Federal Women's Program Manager, NIH employees heard a keynote presentation by the FDA FWP Manager on the importance of mentoring and the overview of the HHS Mentoring Program. During FY 2005, the Federal Women's Program Manager researched various mentoring programs (general and NIH-specific, past and present) and presented this research to the FWP Advisory Committee. The Committee also participated in a presentation and Q&A with the Program Manager of the HHS Mentoring Program. The HHS Mentoring Program is open to employees of all grades and occupations. Evaluation results show that its participants experience career development and advancement. Currently, the Advisory Committee and the Federal Women's Program Manager are formulating recommendations for the Director, OEODM on how to market the HHS Mentoring Program to supervisors and employees, and increase NIH participation.

3. There were no appointments into the SES ranks during FY 2005. Actions to mentor candidates at the GS-14 and 15 levels so that they may improve their skills and abilities for potential selection into the SES will continue, including the additional actions noted above.

U.S. Equal Employment Opportunity Commission

FEDERAL AGENCY ANNUAL EEO PROGRAM STATUS REPORT EEO Plan To Eliminate I dentified Barrier

FY 2005 [DHHS, National Institutes of Health]	
STATEMENT OF CONDITION THAT WAS A TRIGGER FOR A POTENTIAL BARRIER:	
Provide a brief narrative describing the condition at issue.	Women are heavily concentrated in lower grade levels with limited opportunity for upward mobility.
How was the condition recognized as a potential barrier?	Based on a review of Govnet demographic data women are heavily concentrated in positions with limited opportunity for upward mobility.
BARRIER ANALYSIS:	
Provide a description of the steps taken and data analyzed to determine cause of the condition.	Based on review of FY 2005 fourth quarter demographic data, a significant number of are found in lower grades within the agency.
STATEMENT OF IDENTIFIED BARRIER:	
Provide a succinct statement of the agency policy, procedure or practice that has been determined to be the barrier of the undesired condition.	The participation rate of women in lower graded positions in the agency is higher than that of men.
OBJECTIVE:	Supplement the use of the Department of Health and Human Services' mentoring program through forums, training and other

State the alternative or revised agency policy, procedure or practice to be implemented to correct the undesired condition.	informational exchanges in an effort to increase the promotion potential of women.
RESPONSIBLE OFFICIAL:	Federal Women's Program Manager and IC Directors
DATE OBJECTIVE INITIATED:	January 17, 2005
TARGET DATE FOR COMPLETION OF OBJECTIVE:	The process to complete this objective will be ongoing. Results are anticipated by January 2007.

EEO Plan To Eliminate Identified Barrier

PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE:	TARGET DATE (Must be specific)
Require EEO and diversity management objectives as a critical element of SES, managers and supervisors annual performance plans.	January 2005
Status: Completed by responsible Officials listed.	
Incorporate objectives into performance evaluations/periodic activity reporting to agency head quarterly. Status: Completed.	April 2005, July 2005, October 2005
Utilize the HHS mentoring program to include women at the lower to mid grade levels. The Federal Women's Program Manager will have the lead on this program. Status: Ongoing. January 2006 an Ongoing	
Work with Quality of Worklife Center and other relevant organizations to employ a career development program that includes women at the GS-8 and above levels for the professional career path.	January 2007

Status: Ongoing.

REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE

- 1. The requirement that EEO and diversity management objectives become a critical element of SES, manager and supervisors' annual performance plans was established and completed by the responsible officials.
- 2. During the 2005 Women's History Month, which was coordinated by the Federal Women's Program Manager, NIH employees heard a keynote presentation by the FDA FWP Manager on the importance of mentoring and the overview of the HHS Mentoring Program.
- 3. During FY 2005, the Federal Women's Program Manager researched various Mentoring programs (general and NIH-specific, past and present) and presented this research to the FWP Advisory Committee. The Committee also participated in a presentation and Q&A with the Program Manager of the HHS Mentoring Program. The HHS Mentoring Program is open to employees of all grades and occupations. Evaluation results show that its participants experience career development and advancement. Currently, the Advisory Committee and the Federal Women's Program Manager are formulating recommendations for the Director, OEODM on how to market the HHS Mentoring Program to supervisors and employees, and increase NIH participation. The HHS Mentoring Program is a Departmental program. However, each OPDiv has the opportunity to format and administer the program based on its workforce needs. At the NIH, registration occurs once a year (there are currently 22 participants - 11 mentors and 11 mentees) and each participants' office pays a program cost. Possible barriers to greater participation may include the program costs and lack of awareness of the Program by employees and supervisors.
- 4. During FY 2005, the Federal Women's Program Manager began formulating topic ideas for informational series in collaboration with the NIH Transition Center, the FWP Advisory Committee, and Special Emphasis Program Managers. Based on these established topic areas, the Federal Women's Program Manager is implementing informational sessions for the NIH community. One example of this collaboration is the informational session regarding the Division of Extramural Administrative Support (DEAS). The other Special Emphasis Program Managers aided in development and marketing of this session. Future programs will follow this format and cover topics such as mentoring, resume preparation, and writing KSA statements.
- 5. The objective has been modified to address the flow of succession for women at the GS-8 level.

U.S. Equal Employment Opportunity Commission

FEDERAL AGENCY ANNUAL EEO PROGRAM STATUS REPORT EEO Plan To Eliminate I dentified Barrier

FY 2005 [DHHS, National Institutes of Health]	
STATEMENT OF CONDITION THAT WAS A TRIGGER FOR A POTENTIAL BARRIER:	
Provide a brief narrative describing the condition at issue.	There is a low retention rate for Hispanic employees.
How was the condition recognized as a potential barrier?	Based on a review of Govnet data the retention rate for Hispanic employees is low.
BARRIER ANALYSIS:	
Provide a description of the steps taken and data analyzed to determine cause of the condition.	The FY 2005 fourth quarter demographic data shows that the accession of Hispanics into the workforce is comparable to their losses.
STATEMENT OF IDENTIFIED BARRIER:	
Provide a succinct statement of the agency policy, procedure or practice that has been determined to be the barrier of the undesired condition.	Similar rates of accessions and separations contribute to the retention rate of Hispanic employees.
OBJECTIVE:	Incorporate objectives into managers' performance evaluations regarding Hispanic recruiting, retention, hiring and promotions.

State the alternative or revised agency policy, procedure or practice to be implemented to correct the undesired condition.	
RESPONSIBLE OFFICIAL:	Hispanic Employment Program Manager, Director OHR and Other Relevant NIH Officials
DATE OBJECTIVE INITIATED:	January 2005
TARGET DATE FOR COMPLETION OF OBJECTIVE:	The process to complete this objective will be ongoing. Results are anticipated by January 2007.

EEOC FORM	
715-01 PART	ı

EEO Plan To Eliminate Identified Barrier

PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE:	TARGET DATE (Must be specific)
Require EEO and diversity management objectives as a critical element of SES, managers and supervisors annual performance plans. Status: Completed by the responsible officials as listed.	January 2005
Market NIH as an Employer of Choice. Outreach to the Hispanic professional community in national publications and key websites with significant Hispanic readership. Status: Completed.	January 2005
Host a series of Career Planning Seminars to discuss career planning and mentoring for persons from diverse backgrounds. Status: Completed.	January 2005
Create NIH Advisory Council of Hispanic Employment (NACHE) to provide mentors and career development for employees. Status: Completed.	January 2006

The Special Emphasis Program Manager for Hispanic Employment Program develop mentoring program and meet with employee(s) to assist in establishing Individual Development Plans. Status: Ongoing.	June 2007
Conduct interviews to determine the reasons why Hispanic employees are leaving. Interview employees mid-career and upon exit. Status: Ongoing.	August 2006
Develop training program for employees to learn how to receive limited tuition assistance for receiving higher education credentials.	June 2007
Status: Ongoing.	
Create a career development program that prepares employees in lower level grades to advance to mid and senior levels.	July 2007
Status: Ongoing.	

REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE

- 1. The requirement that EEO and diversity management objectives became a critical element of SES, manager and supervisor's annual performance plans was established and completed by the responsible officials.
- 2. During outreach and recruitment events, the NIH HEPM is marketing the NIH as an employer of choice by presenting promotional information about the NIH to all interested parties. Additionally, the HEPM partners with professional Hispanic organizations such as the Society for the Advancement of Chicanos and Native Americans in the Sciences (SACNAS), the Mexican American Engineers and Scientists (MAES), the National Organization for Mexican American Rights (NOMAR), the National Council of Hispanic Employment Program Managers (NCHEPMs), and the National Association of Hispanic Nurses (NAHN). Through these networks vacancy announcements and research and training opportunities are distributed for circulation.
- 3. During FY 2004-FY 2005, the HEPM worked with HHS to schedule the 2005 HHS 4th Annual Hispanic Forum. This Forum was designed to include a discussion on career planning as well as to address Hispanic employment participation and strategies to reduce the less than expected participation.
- 4. The NACHE members have been selected. The HEPM will chair the committee and update the OEODM Director monthly regarding the recommendations developed by the NACHE and other activities addressing barriers to career development.
- 5. The HEPM is working with OEODM leadership to devise the plan to work with the Hispanic Employee Organization as well as OHR and the Quality of Worklife Center to assist the Hispanic workforce with developing IDPs. Meeting will resume in February 2006.
- 6. In an effort to retain a Hispanic post doc, the HEPM worked with an NCI Selecting Official and transition the post doc to full time permanent employment at a senior level. The HEPM achieved this by marketing the NIH as an employer of choice.
- 7. The HEPM is working with the OHR in developing appropriate questions designed to discern barriers to the recruitment and retention of Hispanics. Project will continue through FY2006.
- 8. This objective requires encouraging Hispanic employees to enter into career development programs and ensure that their IDPs reflect their career goals so that managers are aware of their career interests. Throughout the year,

the HEPM will meet with Hispanic employees and the NIH Hispanic Employee Organization to encourage lower level Hispanic employees to pursue training programs which will serve as a catalyst to mid and senior level positions.

U.S. Equal Employment Opportunity Commission

FEDERAL AGENCY ANNUAL EEO PROGRAM STATUS REPORT EEO Plan To Eliminate I dentified Barrier

FY 2005 [DHHS, National Institutes of Health]		
STATEMENT OF CONDITION THAT WAS A TRIGGER FOR A POTENTIAL BARRIER:		
Provide a brief narrative describing the condition at issue.	Hispanics are promoted at a low rate to senior level positions.	
How was the condition recognized as a potential barrier?	Demographic data was reviewed.	
BARRIER ANALYSIS:		
Provide a description of the steps taken and data analyzed to determine cause of the condition.	Review of employment data reflects a low percentage of Hispanics in the workforce as compared to the CLF data.	
STATEMENT OF IDENTIFIED BARRIER:		
Provide a succinct statement of the agency policy, procedure or practice that has been determined to be the barrier of the undesired condition.	There is a need to incorporate a diversity objective into managers' performance evaluations and ensure periodic reporting to agency head regarding Hispanic recruiting, hiring and promotions.	
OBJECTIVE:	Develop objectives to increase the number of Hispanics and hold managers accountable in their performance evaluations through the	

State the alternative or revised agency policy, procedure or practice to be implemented to correct the undesired condition.	EEO critical element.
RESPONSIBLE OFFICIAL:	Hispanic Employment Program Manager, IC Directors and Other Relevant NIH Officials
DATE OBJECTIVE INITIATED:	January 2005
TARGET DATE FOR COMPLETION OF OBJECTIVE:	The process to complete this objective will be ongoing. Results are anticipated by January 2007.

PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE:	TARGET DATE (Must be specific)
Require EEO and diversity management objectives as a critical element of SES, managers and supervisors annual performance plans.	January 2005
Status: Completed by the responsible officials as listed.	
Incorporate objectives into managers' performance evaluations, and ensure periodic reporting to agency head regarding recruiting, hiring and promotions of Hispanics.	April 2005, July 2005, October 2005
Status: Completed by the responsible officials as listed to include the HEPM.	
Convene a meeting of agency leaders to develop best practices for career development of Hispanic employees.	September 2005
Status: Completed.	
Develop a mentoring and career development support program that would target career path opportunities.	February 2006
Status: Ongoing.	

Create a career development program that includes Hispanics, preparing them at the GS-9 level for the SES career path.	June 2007
Status: Ongoing.	
Distribute examples of best practices for career development of Hispanic employees to the ICs	Ongoing
Status: Ongoing.	

REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE

- 1. An EEO and diversity management objective has been made a critical element of SES, managers and supervisors annual performance plans.
- 2. Objectives have been incorporated into managers' performance evaluations, as well as periodic reporting to the agency head regarding recruiting, hiring and promotions of Hispanics.
- 3. Through the HHS Hispanic Employment Initiative and the HHS Hispanic Forum, agency leaders were engaged in developing plans for developing the Hispanic workforce and sharing best practices throughout HHS OPDIVs. Agency leaders will follow action items to address the objectives developed by the HHS Hispanic Employment Initiative.
- 4. Through the HHS Mentoring Program, Hispanic employees are encouraged to seek mentors and participate in the year long mentorship experience in hopes of continuing the mentoring after the program ends.
- 5. The HEPM is working with OHR and other relevant professionals. This effort requires evaluating the existing career development programs such as those offered through the USDA Graduate School which include the Executive Leadership Program and the New Leader Program to determine current levels of participation and degree to which these programs are productive. In addition, an analysis of NIH career development programs such as the NIH Management Cadre Program and the NIH Management Intern Program was conducted with recommendations on how to improve Hispanic participation rates. Further, this effort requires ensuring that Hispanics are hired into professional series occupations that will enable them to advance in their respective career ladders to become eligible to enter the SES Candidate Program and later compete for SES positions.

U.S. Equal Employment Opportunity Commission

FY 2005 [DHHS, National Institutes of Health]	
STATEMENT OF CONDITION THAT WAS A TRIGGER FOR A POTENTIAL BARRIER:	
Provide a brief narrative describing the condition at issue.	There is limited usage of special hiring authorities in the placing of persons with disabilities.
How was the condition recognized as a potential barrier?	A review was made of the special hiring authorities used in the recruiting and hiring of persons with disabilities, and it was determined that the authorities were underused.
BARRIER ANALYSIS:	
Provide a description of the steps taken and data analyzed to determine cause of the condition.	Selection rates of disabled persons were reviewed and a determination made that selection officials are not utilizing the appropriate recruitment process when recruiting people with disabilities.
STATEMENT OF IDENTIFIED BARRIER:	
Provide a succinct statement of the agency policy, procedure or practice that has been determined to be the barrier of the undesired condition.	Not all selecting official are familiar with the Affirmative Action Plan for Individuals with Disabilities outlining their roles and responsibilities.

OBJECTIVE: State the alternative or revised agency policy, procedure or practice to be implemented to correct the undesired condition.	Ensure that the selecting officials are aware of their responsibilities during the recruitment, selection and retention process. Awareness Forums are needed to provide information on recruitment and placement programs for persons with disabilities. Further, there is a need to assess the level of usage of special appointing authorities to place individuals with disabilities.
RESPONSIBLE OFFICIAL:	Disability Program Manager, Director, OHR and Other Relevant NIH Officials
DATE OBJECTIVE INITIATED:	January 2005
TARGET DATE FOR COMPLETION OF OBJECTIVE:	September 2006

EEOC FORM	
715-01	PART I

PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE:	TARGET DATE (Must be specific)
Utilize liaisons to each IC to monitor and provide direction to managers on the hiring of individuals with targeted disabilities	January 2005
Require EEO and diversity management objectives as a critical element of SES, managers and supervisors annual performance plans. Status: Completed by responsible Officials listed	January 2005
Participate in special programs such as the Bridges Internship Program and the NIH Summer Internship Program as tools for placing persons with disabilities. Status: Ongoing	May 2006
Provide training and briefings to selecting officials in the ICs on the special recruitment and placement programs.	January 2006

Status: Not Completed.	
Resurvey employees to collect accurate data on disability status.	May 2006
Status: Pending the instruction and direction from the DHHS on when NIH may resurvey the workforce to identify individuals with disability and other background information. This is planned as a coordinated HHS wide effort.	
Conduct briefings on the Affirmative Action Plan for Employment of individuals with Disabilities.	July 2006
Status: Ongoing.	
Conduct training on reasonable accommodation to managers and supervisors.	August 2006
Status: Ongoing.	

REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE

- 1. Designated positions were filled with recruits from the Workforce Recruitment Program (WRP) Completed by OHR and OEODM. The NIH was #1 for the second consecutive year in meeting department goals for WRP placements.
- 2. The NIH, OHR experienced another reorganization and the IC Selective Placement Liaisons have not been fully established or assigned. This item will be rescheduled in 2006.
- 3. Gallaudet University leads the world in undergraduate liberal arts education, career development, and outstanding graduate programs for deaf and hard-of-hearing students. As a result of effective internship placements the NIH was featured in a training and orientation CD for Gallaudet students. The NIH Center for Minority Health and Health Disparities (NCMHD) hosted several Gallaudet students and is recognized as providing a positive Federal internship experience.

U.S. Equal Employment Opportunity Commission

FY 2005 [DHHS, National Institutes of Health]	
STATEMENT OF CONDITION THAT WAS A TRIGGER FOR A POTENTIAL BARRIER: Provide a brief narrative describing the condition at issue.	Minority employees receive Monetary Awards at a substantially lower rate than whites. Additionally, when awards are given to minorities, the monetary amounts of the awards are significantly lower. Time-off awards of 9hrs or less are greater for minorities than are time-off awards of 9hrs or more.
How was the condition recognized as a potential barrier?	Based on review of Govnet FY 2005 fourth quarter employee recognition and awards reflects that Minority employees receive Monetary Awards at a substantially lower rate than whites.
BARRIER ANALYSIS: Provide a description of the steps taken and data analyzed to determine cause of the condition.	Based on review of award distribution data, corrective actions are needed to rectify imbalances within the ICs.
STATEMENT OF IDENTIFIED BARRIER: Provide a succinct statement of the agency policy, procedure or practice that has been determined to be the barrier of the undesired condition.	Inequities in the distribution of recognition and awards.
OBJECTIVE:	Recognition and Awards system must be consistent with the mission and objectives of the agency's EEO program.

State the alternative or revised agency policy, procedure or practice to be implemented to correct the undesired condition.	
RESPONSIBLE OFFICIAL:	OEODM IC Services EEO Specialists, IC Directors
DATE OBJECTIVE INITIATED:	October 2006
TARGET DATE FOR COMPLETION OF OBJECTIVE:	The process to complete this objective will be ongoing throughout FY 2006.

PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE:	TARGET DATE (Must be specific)
The OEODM IC Services EEO Specialist will review the distribution of monetary awards distributed to employees by RNO and disability status within the IC they serve. Reviews will be conducted quarterly and the results provided to the Director, IC Services Division for distribution to the IC Directors so that corrective action may be taken as necessary. Results will also be shared with the Special Emphasis Program Managers.	Quarterly
The OEODM IC Services EEO Specialists will monitor the effects of corrective actions that are taken.	On-going
Complete the review of the distribution of monetary awards to determine if the frequency of the reviews needs to be modified.	September 2006
REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE	

U.S. Equal Employment Opportunity Commission

FY 2005 National Institutes of Health	
STATEMENT OF CONDITION THAT WAS A TRIGGER FOR A POTENTIAL BARRIER:	
Provide a brief narrative describing the condition at issue.	In categories identified in the MD-715 plan, where less than expected levels of representation exist (among minorities, women and disabled persons), the less than expected level of representation will be reduced through selection of outside candidates as opportunities are available.
How was the condition recognized as a potential barrier?	NOTE : This is a NIH-wide mandated action item for agency senior managers to accomplish during FY 2006.
BARRIER ANALYSIS:	
Provide a description of the steps taken and data analyzed to determine cause of the condition.	See above.
STATEMENT OF IDENTIFIED BARRIER:	
Provide a succinct statement of the agency policy, procedure or practice that has been determined to be the barrier of the undesired condition.	See above.
OBJECTIVE:	In instances where less than an expected level of representation of minorities, women and disabled persons exists in the categories

State the alternative or revised agency policy, procedure or practice to be implemented to correct the undesired condition.	identified in the ICs MD-715 plan, reduce the less than expected level of representation by 10% through selection of outside candidates as opportunities are available.
RESPONSIBLE OFFICIAL:	IC Directors, Executive Officers, IC managers and selecting officials
DATE OBJECTIVE INITIATED:	December 2005
TARGET DATE FOR COMPLETION OF OBJECTIVE:	September 2006

	(Must be specific)
During their periodic briefings with IC managers, OEODM IC Services Specialists will provide guidance on ways to reduce the less than expected levels of representation as necessary.	As meetings and briefings are held
OEODM IC Services EEO Specialists will provide base line data (as of 10/1/2005) to the IC Directors that reflects the participation rate (and less than expected rate) of employees within each IC, broken by RNO and disability status. Updated selection data will also be provided to the ICs as necessary so that corrective action may be taken if needed.	March 2006
OEODM IC Services EEO Specialists will monitor IC activities and report quarterly to the IC Directors on the selections of outside candidates as compared to the selection of inside candidates and the extent of reduction of the level of less than expected representations of minorities, women and persons with disabilities within the ICs. A quarterly report of accomplishments will be provided to the Director, OEODM by ICSD, OEODM to reflect the level of attainment of the objective for each IC. NOTE: An outside hire is a selection of an outside candidate external to NIH; an inside hire is a selection of a current NIH employee (i.e., an employee of another IC).	Ongoing monitoring. Quarterly reporting
REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE	

U.S. Equal Employment Opportunity Commission

FY <u>2005</u> [DHHS, National Insti	tutes of Health]
STATEMENT OF CONDITION THAT WAS A TRIGGER FOR A POTENTIAL BARRIER:	
Provide a brief narrative describing the condition at issue.	A review of the use of the Title 42 appointing authority is necessary to assure its equitable usage as it affects minorities, women and persons with disabilities within the agency.
How was the condition recognized as a potential barrier?	
BARRIER ANALYSIS:	
Provide a description of the steps taken and data analyzed to determine cause of the condition.	
STATEMENT OF IDENTIFIED BARRIER:	
Provide a succinct statement of the agency policy, procedure or practice that has been determined to be the barrier of the undesired condition.	

OBJECTIVE:	
State the alternative or revised agency policy, procedure or practice to be implemented to correct the undesired condition.	Conduct a thorough review of the use of Title 42 appointing authority to be sure that its use is applied equitably throughout the agency.
RESPONSIBLE OFFICIAL:	Special Emphasis Program Managers (Joint Project)
DATE OBJECTIVE INITIATED:	January 2006
TARGET DATE FOR COMPLETION OF OBJECTIVE:	September 2006

EEOC F	ORM	
715-01	PART	I

PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE:	TARGET DATE (Must be specific)
Conduct an assessment of the level of participation of minorities, women and disabled persons in positions that utilized Title 42 appointing authority. Review placements by RNO and disability status within each IC, the positions involved and the salary levels assigned.	April 2006
Prepare a report of findings and based on an analysis, develop recommendations for corrective action as necessary. Forward the report to the Director, OEODM.	June 2006
Monitor results to determine if corrective actions, if recommended, were taken within the ICs.	Ongoing
REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE	

U.S. Equal Employment Opportunity Commission

FY 2005 National Institutes of Health	n
STATEMENT OF CONDITION THAT WAS A TRIGGER FOR A POTENTIAL BARRIER:	
Provide a brief narrative describing the condition at issue.	The NIH has determined that a more extensive use of career development programs (agency wide and Government wide) needs to be made for all employees during FY 2006.
How was the condition recognized as a potential barrier?	NOTE : This is an NIH-wide mandated action item for agency senior managers to accomplish during FY 2006.
BARRIER ANALYSIS:	See above.
Provide a description of the steps taken and data analyzed to determine cause of the condition.	
STATEMENT OF IDENTIFIED BARRIER:	See above.
Provide a succinct statement of the agency policy, procedure or practice that has been determined to be the barrier of the undesired condition.	
OBJECTIVE:	Increase the participation rate of employees within the IC's workforce in career development programs (agency wide or Government wide

State the alternative or revised agency policy, procedure or practice to be implemented to correct the undesired condition.	programs) by 10% from current levels.
RESPONSIBLE OFFICIAL:	IC Directors, IC Extramural Heads, Scientific Directors, Executive Officers and managers
DATE OBJECTIVE INITIATED:	December 2005
TARGET DATE FOR COMPLETION OF OBJECTIVE:	September 2006

PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE:	TARGET DATE (Must be specific)
During their periodic EEO Program briefings with IC managers, OEODM IC Services EEO Specialists will remind them of the need to make better utilization of career development programs for staff.	As meetings and briefings are held.
OEODM IC Services EEO Specialists will provide base line data (as of 10/1/2005) to the IC Directors that reflects the participation rate of employees within each IC, broken by RNO and disability status to their IC Directors. Updated data will also be provided to the ICs as necessary to assist IC managers to determine if career development opportunities are being distributed equitably and to take corrective action if necessary.	March 2006
IC managers will seek assistance from OHR as necessary to expand their knowledge about the various employee development programs that are available, their eligibility requirements and the appropriate application processes to follow.	Ongoing
OEODM IC Services EEO Specialists will monitor IC activities and report quarterly to the IC Directors on the participation rate within their IC. A quarterly report of accomplishments will be provided to the Director, OEODM by ICSD, OEODM to reflect the level of attainment of the objective for each IC.	Ongoing monitoring Quarterly reporting
REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE	

U.S. Equal Employment Opportunity Commission

FY 2005 National Institutes of Health	n
STATEMENT OF CONDITION THAT WAS A TRIGGER FOR A POTENTIAL BARRIER:	
Provide a brief narrative describing the condition at issue.	The NIH has determined that the area of consideration must be expanded when vacancies in the workforce are announced to allow any applicant that is not currently employed by the agency to apply for consideration.
How was the condition recognized as a potential barrier?	NOTE: This is an NIH-wide mandated action item for agency senior managers to accomplish during FY 2006.
BARRIER ANALYSIS:	See above.
Provide a description of the steps taken and data analyzed to determine cause of the condition.	
STATEMENT OF IDENTIFIED BARRIER:	See above.
Provide a succinct statement of the agency policy, procedure or practice that has been determined to be the barrier of the undesired condition.	
OBJECTIVE:	Expand the area of consideration when vacancies in the IC's workforce are announced to allow any outside applicant that is not

State the alternative or revised agency policy, procedure or practice to be implemented to correct the undesired condition.	currently employed by the NIH to apply for consideration.
RESPONSIBLE OFFICIAL:	IC Directors, IC Extramural Heads, Chief, Outreach and Recruitment Branch, OEODM, Scientific Directors, Executive Officers and managers
DATE OBJECTIVE INITIATED:	December 2005
TARGET DATE FOR COMPLETION OF OBJECTIVE:	September 2006

PLANNED ACTIVITIES TOWARD COMPLETION OF OBJECTIVE:	TARGET DATE (Must be specific)
During their periodic briefings with IC managers, OEODM IC Services Specialists will remind them of the need to expand the area of consideration when vacancies are announced.	As meetings and briefings are held.
OEODM IC Services EEO Specialists will monitor IC activities and report quarterly to the IC Directors on the degree of implementation of the objective within the ICs. A quarterly report of accomplishments will be provided to the Director, OEODM by ICSD, OEODM to reflect the level of attainment of the objective for each IC.	Ongoing monitoring. Quarterly reporting.
REPORT OF ACCOMPLISHMENTS and MODIFICATIONS TO OBJECTIVE	

U.S. Equal Employment Opportunity Commission

FEDERAL AGENCY ANNUAL EEO PROGRAM STATUS REPORT

Special Program Plan for the Recruitment, Hiring, and Advancement of Individuals With Targeted Disabilities

PART I Department	1. Agency		Department of Health and Human Services (DHHS)							
or Agency Information	1.a. 2 nd Level Component		1.a. National Institutes of Health (NIH)							
	1.b. 3 rd Level or low	er	1.k).						
PART II Employment Trend and	Enter Actual Number at the	b	peginning of FY 2005		end of FY 2005		Net Change			
Special Recruitment for		Numk	oer	%	Number	%	Number	Rate of Change		
Individuals With Targeted	Total Work Force	16,994		100.00%	16,728	100.00%	97	-1.6%		
Disabilities	Reportable Disability	8	866	5.1%	833	5.0%	33	-3.8%		
	Targeted Disability*	2	204	1.2%	197	1.2%	-7	-3.4%		
	* If the rate of change for persons with targeted disabilities is not equal to or greater than the rate of change for the total workforce, a barrier analysis should be conducted (see below).									
		Total Number of Applications Received From Persons With Targeted Disabilities during the reporting period. N/A								
		Total Number of Selections of Individuals with Targeted Disabilities during the reporting period. 5								

PART III Participation Rates In Agency Employment Programs

Other TOTE Employment/Personnel Programs			ortable ability		geted ability	Not Id	entified	No Di	sability
		#	%	#	%	#	%	#	%
3. Competitive Promotions	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
4. Non-Competitive Promotions	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
5. Employee Career Development Programs	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
5.a. Grades 5 - 12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
5.b. Grades 13 - 14	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
5.c. Grade 15/SES	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
6. Employee Recognition and Awards.	16,728	833	4.98%	197	1.18%	1,016	6.07%	14,879	88.95%
6.a. Time-Off Awards (Total 9 or more hrs awarded)	550	29	5.27%	10	1.82%	17	3.09%	504	91.64%
6.b. Cash Awards (total more than \$500 awarded)	9,227	421	4.56%	86	0.93%	608	6.59%	8,198	88.85%
6.c. Quality-Step Increase	1,278	52	4.07%	13	1.02%	55	4.30%	1,171	91.63%

EEOC FORM 715-01 Part J	Special Program Plan for the Recruitment, Hiring, and Advancement of Individuals With Targeted Disabilities
Part IV	See Appendix A
Identification and Elimination of Barriers	
Part V	See Appendix A
Goals for Targeted Disabilities	

Appendix - A

Summary of Analysis of Workforce Profiles

As of September 30, 2005, NIH maintained a workforce of 16,728 full- and part-time permanent employees. 1

Comparing FY 2004 workforce data to FY 2005, NIH demonstrated a net change increase for the following EEO groups:

• Hispanic females (+4.2%)

• African American females (+1.9%)

• Asian females (+0.2)

For the same period, the agency experienced net change decreases for the following EEO groups:

• Hispanic males (-0.8%)

• Asian males (-2.2)

• White males (-2.3%)

• White females (-3.0%)

• African American males (-0.6%)

• American Indian males (-16.1%)

American Indian females (-2.8%)

Non-White EEO groups accounted for 39.9% (6,373) of the NIH permanent workforce in FY 2005, which exceeds the overall representation of Non-White EEO groups in the civilian labor force (27.3%), based on 2000 Bureau of Census statistics. Women comprised 58.9% (9,846) of the total NIH permanent workforce at the end of FY 2005, compared to a 2000 civilian labor force representation of 46.8%.

The FY 2005 participation rate of African Americans and Asian Americans in the NIH permanent workforce meets or exceeds their 2000 civilian labor force cohort participation rate. However, American Indian and Hispanic representation at NIH remains below the national CLF cohort. American Indians at the agency comprise 0.4% of the total permanent workforce, below the 2000 national CLF representation of 0.6%. The representation of American Indian females in the NIH permanent workforce is 0.2%, compared to a CLF representation of 0.3%. American Indian males, at 0.2%, fall below the 2000 CLF representation of 0.3%. Hispanics at the agency comprise 3.3% of the total permanent workforce, below the 2000 national CLF representation of 10.7%. The representation of Hispanic females in the NIH permanent workforce is 1.9%, compared to a CLF representation of 4.5%. Hispanic males, at 1.5%, fall below the 2000 CLF representation of 6.2%.

The following chart provides a percentage breakdown comparison of the FY 2005 NIH permanent workforce to the national civilian labor force for 2000 by gender and race/national origin (RNO):

	FY 2005 NIH	FY 2005 NIH	FY 2005 NIH	2000 CLF	2000 CLF	2000 CLF
	Males	Females	TOTALS	Males	Females	TOTALS
Hispanic	1.5%	1.9%	3.4%	6.2%	4.5%	10.7%
Non-Hispanic	39.9%	56.7%	96.5%	46.9%	42.3%	89.3%

White	27.1%	35.5%	61.9%	39.0%	33.7%	72.7%
African American	5.8%	14.2%	20.5%	4.8%	5.7%	10.5%
American Indian	0.2%	0.2%	0.4%	0.3%	0.3%	0.6%
Asian American	6.8%	6.8%	13.7%	1.9%	1.7%	3.7%
Native Hawaiian/Other Pacific Islander	0%	0%	0%	0.1%	0.1%	0.2%
Two or More Races/Race Unknown	0%	0%	0%	0.8%	0.8%	1.6%

¹ Workforce count does not include temporary employees or Commissioned Corps Officers; Commissioned Corps Officers account for 1.99% of the NIH FY 2004 workforce.

NIH Senior Investigator and Investigator Data FY 2005 and FY 2004

Investigators- Tenure Track Scientists
2005 2004

200)5	2004	
Total	284	300	
Blacks	1.4% (4)	1.7% (5)	
Hispanics	5.3% (15)	5.7% (17)	
Native Americans	0	0	
Asians/Pacific Islanders	21.5% (61)	21.6% (65)	
White	71.8% (204)	71% (213)	

Senior Investigators – Tenured Scientists

	2005	2004	
Total	958	952	
Blacks	1.0% (9)	1.0% (10)	
Hispanics	2.5% (24)	2.5% (24)	
Native Americans	.1% (1)	.2% (2)	
Asian/Pacific Islanders	9.2% (88)	8.5% (81)	
White	87% (835)	88% (835)	

The trend data demonstrates that the population of Black Tenure Track and Tenured Scientists is decreasing at the NIH. Conversely, relevant labor force data indicates that the number of Black scientists with doctoral degrees is increasing in years 2004 and 2005.

103

The following chart provides a percentage breakdown comparison of employees with disabilities for the NIH permanent workforce and the DHHS workforce for FY 2004 (disability statistics for the national civilian labor force for 2000 are not available):

	FY 2004 NIH	FY 2005 NIH	Federal Benchmark
Reportable Disabilities	5.1%	5.0%	8.2%
Targeted Disabilities	1.2%	1.2%	2.3%

The FY 2005 data indicate the representation of individuals with disabilities in the workforce decreased from 866 (5.1%) in FY 2004 to 833 (5.0%) in FY 2005. The number of persons with targeted disabilities in the work force decreased from 204 (1.2%) in 2004 to 197 (1.2%) in 2005. The NIH lost 7 employees with target disabilities. The NIH Disability Employment Program will monitor and track separations to determine causes; and provide educational activities to inform supervisors of the regulations for providing reasonable accommodations; and brief mangers on the new OPM special appointment authorities and planned activities for the recruitment and outreach for individual with disabilities.

A review of the FY 2005 NIH permanent workforce by grade band shows that 1.5% (251) of the workforce is in the GS-1 through GS-4 grade band; 12.57% (2,104) of the workforce is in the GS-5 through GS-8 grade band; 27.58% (4,614) is in the GS-9 through GS-12 grade band; 12.36% (2,068) of the NIH permanent workforce are at grade GS-13; 10.96% (1,835) are at the GS-14 grade level; 7.0% (1,172) at grade GS-15; 0.4% (69) of the workforce is in the Senior Executive Service, and .08% (136) are at the RS (Research Scientist) level.

In FY 2005, all Non-White EEO groups comprised 24.57% (1,247) of GS-13 through GS-15 permanent positions. African Americans accounted for 11.19% (568) of these permanent senior level positions and Asian Americans for 10.30% (523); 2.6% (137) were Hispanic and 0.3% (19) were American Indian. Women constituted 57.47% (2917) of the permanent positions in this grade band.

At the end of fiscal year 2004, there were sixty-nine (69) individuals in the Senior Executive Service (SES) at NIH. Of these, 51 were white, 43.47% (30) were women. Non-White EEO groups comprised 17.39% (12) at SES pay levels in FY 2004. African Americans made up 13.0% (9) of these positions, Asian Americans made up 4.3% (3), and, Hispanics 0.0% (0). By comparison, African Americans comprised 11.8% of the DHHS SES workforce; Asian American made up 2.4%; Hispanics 2.3%; and American Indians 4.2%.

In FY 2005, NIH hired a total of 797 permanent employees from other Federal government agencies and from outside the Federal Government. In addition, NIH hired a total of 1,161 temporary employees. Of the permanent new hires, 46.54 (371) were White; 37.1% (296) were African American; 11.91% (95) were Asian American; 4.14% (33) were Hispanic. There were no (0) new hires of American Indians. Women comprised 65.99% (526) of all permanent new hires in FY 2005.

Appendix – B FY-2005 NIH Permanent and Temporary Workforce Govnet MD-715 Tables Data as of 9/30/05

Copies of the following Data Tables will be provided upon request from the OEODM

TABLE A1:	NIH Total Workforce – Distribution by Race/Ethnicity and Sex
TABLE A2:	NIH Totals Workforce by Component - Distribution by Race/Ethnicity and Sex
TABLE A3:	Occupational Categories – Distribution by Race/Ethnicity and Sex
TABLE A4-1:	Participation Rates across General Schedule (GS) Grades by Race/Ethnicity and Sex
TABLE A5-1:	Participation Rates across Wage (WG) Grades by Race/Ethnicity and Sex
TABLE A5-2:	Rates Across Wage (WG) Grades by Race/Ethnicity and Sex
TABLE A6a:	Participation Rates for Major Occupations - Distribution by Race/Ethnicity and Sex
TABLE A6p:	Participation Rates for Major Occupations - Distribution by Race/Ethnicity and Sex
TABLE A6t:	Participation Rates for Major Occupations - Distribution by Race/Ethnicity and Sex
TABLE A8:	New Hires – Distribution by Race/Ethnicity and Sex
TABLE A13:	Employee Recognition and Awards - Distribution by Race/Ethnicity and Sex
TABLE A14:	Separations by Type of Separation - Distribution by Race/Ethnicity and Sex
TABLE B1:	Total Workforce – Distribution by Disability (OPM Form 256 Self-ID Codes)
TABLE B3:	Occupational Groups – Total Workforce – Distribution by Disability (OPM Form
	256 Self-ID Codes)
TABLE B4-1:	Participation Rates across General Schedule (GS) Grades by Disability
TABLE B5-1:	Participation Rates across Wage Grades by Disability
TABLE B6p:	Participation Rates for Major Occupations - Distribution by Disability (OPM Form 256 Self-ID Codes)
TABLE B6t:	Participation Rates for Major Occupations - Distribution by Disability (OPM Form 256 Self-ID Codes)
TABLE B8:	New Hires - Distribution by Disability (OPM Form 256 Self-ID Codes)
TABLE B13a:	Employee Recognition and Awards – Distribution by Disability (OPM Form 256
	Self-ID Codes)
TABLE B14:	Separations by Type of Separation – Distribution by Disability (OPM Form 256
	Self-ID Codes)